

Dr Thredwell

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017742

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352
FILED APR 17 1962

Primary Registration District No. _____ Registrar's No. 25

VS 300
Rev. 4/59

1 1060
2 1060
3 2
4 0
5 1
6
7 0
8 2
9 420.1
10
11
12 90-0
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forsyth		c. CITY OR TOWN Forsyth	
Length of stay in lb Years Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location) Spring Street	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle CHILD Last CHILD		4. DATE OF DEATH Month April Day 10 Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 14, 1877
9. AGE (last birthday) 85		10. IF UNDER 1 YEAR Months 1 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Child		13b. MOTHER'S MAIDEN NAME Elizabeth McRoberts	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service none)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs Louise Jones Forsyth, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Chronic coronary disease DUE TO (c) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 36 hrs 5 yrs yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:00 a.m. 9:00 p.m. Month, Day, Year April 10, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Taney STATE Mo	
21. I attended the deceased from Jan 1 - 1962 to April 10, 1962 and last saw him alive on April 7 - 1962 Death occurred at 9:00 PM 4/10/62 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS Forsyth, Mo		22c. DATE SIGNED 4/14/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4-12-62	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
23d. LOCATION (City, town, or county) Richmond, Mo		24. FUNERAL DIRECTOR ADDRESS Walter Cobb Branson, Mo	
25. DATE RECD. BY LOCAL REG. 4/14/62		26. REGISTRAR'S SIGNATURE [Signature]	

APR 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Bedford Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.